

Valley Pastoral Counseling Center, Inc.

OUTREACH

Spring 2016

Providing Spiritually Sensitive Psychotherapy to the Shenandoah Valley Since 1980

300 Chestnut Ave - Waynesboro, VA 22980 540-943-8722 www.valleypastoral.org

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The Art of a Good Referral: Especially for Clergy (But applicable to all!)

By C. Alan Melton, D.Min, LPC

In a recent meeting at Valley Pastoral Counseling we were discussing where most of our clients come from. How do they get to us? Who refers them? We agreed that most of our clients either heard about us from a family member or friend who had been to VPCC, or their minister or family doctor referred them. So I thought it might be helpful to share in this article how a clergy person might go about making a referral to VPCC. (Hopefully, this will help family doctors and others who refer to us as well.)

As a minister you have probably studied “The Art of Making a Good Referral.” We believe it is an art that all ministers need to know because you encounter parishioners on a regular basis who need a referral for further counseling. The process usually goes something like this: Your parishioner has come to you with a problem and you have worked with them in one or more pastoral counseling sessions, and have determined they need more therapy than you have either the time or expertise to offer. So you decide they need a referral to VPCC.

How do you go about making that referral? First, you determine the need for further assistance and then use your pastoral counseling skills to help them see that they could benefit from further work. This process requires that you be able to share with them what you think is troubling them and how therapy could help with their problems. Once you agree on the need for the referral, the next step is to help them overcome the anxiety of going to someone they do not yet know. This is where it is helpful for you as a pastor to get to know us at VPCC. We try to assist you in knowing us by writing Newsletter articles and posting information about ourselves on our website. You can also call us on the phone or come by and see us at the Center, or schedule an appointment yourself simply to learn more about who we are and what we have to offer.

From this point in the process with your parishioner you can give them our number and have them call us directly, or you can call us yourself to discuss the referral. You might further find out from us how the counseling process typically goes so that you can share that with them as well.

Once we make contact with your parishioner we work to help them overcome any fears or anxieties they may have about coming to therapy. You will want to follow up with them to make sure the referral actually happened and that their first meeting with their new therapist went well. If the first meeting goes well then usually the subsequent sessions will also go well. If it does not work out to be a good “match” between the parishioner and their new counselor, you will want to continue to work with them until they do find a therapist at VPCC with whom they feel comfortable.

Once the therapy has begun, you are free to be as involved with the counseling as you, the parishioner, and the therapist wish. Sometimes clergy who are trained in pastoral counseling will remain part of the treatment team. At other times the minister will maintain the role of spiritual guide and look to the VPCC counselor to handle the psychotherapy. Regardless of the level of your involvement in your parishioner’s ongoing therapy, you will continue to provide them with needed pastoral care.

In this way, you continue your ministry with them as pastor while knowing they are receiving additional treatment at VPCC. You can feel confident about having made “a Good Referral.”

Vulnerability

By M. Hansen M.S., LPC

“Vulnerability sounds like truth and feels like courage. Truth and courage aren’t always comfortable. But they’re never weakness.”

Brene Brown

Calling a counselor and showing up for your first appointment requires tremendous courage and a willingness to be vulnerable. Many of us do not like to think we need help or we do not think we *should* need help. And yet, so often when we are the most resistant to asking for help is when we most need it. All of us go through seasons in our lives, sometimes very long seasons, in which having a safe place to share our deepest thoughts and feelings, is essential to recognizing who we are, accepting our stories with their joys and sorrows, and engaging with our lives.

Many of you have probably heard of professor and author, Brene Brown, and her work on vulnerability and authenticity and its power in combating shame. If you have not heard of her, check out her TED Talks at Ted.com: *The Power of Vulnerability* and *Listening to Shame*. You can also read her books: [I Thought it Was Just Me](#), [The Gifts of Imperfection](#), [Daring Greatly](#) and [Rising Strong](#). Shame is a powerful force in our world and in our lives. It is human to feel shame. And it is counterintuitive to be vulnerable and open with our shame, yet Ms. Brown’s research proves that is exactly what is necessary. Of course, one must be cautious not to be overexposed or vulnerable with someone who will exploit shame.

Being a talk therapist often feels like hearing someone’s confession. Many times the things shared in our offices are said for the first time aloud, for the first time what has been shrouded in darkness and shame is brought to light and we find we are free of it. Many times these shameful things have brought much suffering and it is an agonizing process for us to name them. And these are not only things *we* have done, but things which have been done *to* us. And when these secret things are no

longer hidden and the hearer holds them gently – as sacred gifts - there is the chance for healing, for grace and love to pour in, and for redemption. Shame loses its power and withers.

Brene's research finds that what is birthed in place of the shame is something strong and beautiful. Indeed, it is glorious.

I have read *Daring Greatly* and *Rising Strong* and find them both compelling and intriguing and I would recommend them highly to you. If you struggle with knowing or accepting who you are, which everyone does at times, then I suggest you learn about Brene's findings.

“Shame derives its power from being unspeakable... If we cultivate enough awareness about shame to name it and to speak to it, we've basically cut it off at the knees. Shame hates having words wrapped around it. If we speak shame, it begins to wither.”

Brene Brown, *Daring Greatly*, p. 28

Advancements in Trauma Treatment

By Stephanie Sterling M.A., LPC

There are many unique challenges therapists face in their work daily. One of the more rapidly developing fields of study in mental health has been an interest in obtaining a better understanding of PTSD and its (newer) variant, Complex Trauma. PTSD, or Post Traumatic Stress Disorder, was first recognized by the American Psychological Association in 1980, when it was included in the Diagnostic and Statistical Manual (DSM-III). Revisions have taken place in the effort to accurately capture the clinical picture of someone suffering from symptoms after a traumatic experience. With the release of the DSM-5, the criteria for PTSD changed with greater emphasis on evidenced based revisions (for example, PTSD was once thought to be strictly a fear based anxiety disorder; however, research has shown that clients who meet criteria for PTSD also may experience depression and be unable to experience anything pleasurable in life; consequently, in the DSM-5 PTSD is no longer classified as an anxiety disorder and made part of a new classification of trauma and stressor related disorders).

Among the many criteria for PTSD, the DSM-5 specifies that a person has to have been exposed to a catastrophic event involving actual or threatened death or injury, or a threat to the physical integrity of themselves or others (such as sexual violence). Indirect exposure includes learning about the sexual assault, violent or accidental death of a loved one. DSM-5 revisions included the introduction of Complex Trauma, a variant of PTSD. Complex Trauma differs from PTSD diagnostic criteria in that the person suffering from complex trauma has suffered sustained and repeated interpersonal trauma, often occurring under circumstances where escape is not possible such as childhood physical and sexual abuse, recruitment into armed conflict as a child, being a victim of domestic violence, sex trafficking or slave trade; experiencing torture, and exposure to genocide campaigns or other forms of organized violence. The effects of repeated and prolonged exposure to trauma differ from those of exposure to a singular traumatic event. Complex Trauma recognizes the loss of emotional, social, cognitive and psychological competencies that were affected by prolonged exposure to complex trauma. Treatment in both cases includes assisting the client with re-experiencing (the trauma), avoidance and hyperaroused state and complex trauma includes an emphasis on the psychosocial and developmental component.

What is exciting is the more recent introduction of neurobiological research which indicates significant promise for shorter term, “brain-based” interventions that enhance the effectiveness of traditional “talk therapy”. EMDR or Eye Movement Desensitization/Reprocessing is one such technique. EMDR therapy uses bilateral stimulation, (right/left eye movement, or tactile stimulation, or sound), which repeatedly activates the opposite sides of the brain releasing emotional experiences that are "trapped" in the nervous system. EMDR allows a client to process an emotional experience they will not talk about, yet following an EMDR session will talk about it freely. It can eliminate stress surrounding the traumatic event, with the purpose of allowing new life in the once traumatized and emotionally difficult memory.

Brainspotting (BSP) is a relatively new brain based technique. BSP is a brain/body-based psychotherapy that uses the eyes and the field of vision to find where a person is holding trauma in their brain. When clients are “activated” by a certain event, BSP is a technique that guides the client to focus in certain eye positions which cause reflexive body reactions like blinking, sniffing, swallowing, body twitches, yawning, etc. The reflexive body reactions indicate the location of the troubling material in the brain. By holding the eyes stationary on these spots, clients noticed a remarkable resolution by exposing

themselves to the memory through forced focus on that “spot” visually. Since the client is in control it permits the client to experience a greater sense of control and safety over re-experiencing the traumatic memory.

These options are just two examples of the treatments becoming more available due to the exciting research we are privileged to benefit from. In a world full of tragedy and increasing danger, it is reassuring that effective treatment is available. If you suspect you or someone you know suffers from PTSD or complex trauma, please don't hesitate to call - help is available. If you are interested in having one of our therapists come speak to your group about the topics related to complex trauma and PTSD, please get in touch with one of us - we would be more than happy to help!

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300 CHESTNUT AVENUE
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Blog Added to our Website!

At VPCC we recognize the need for ease of access to our information for our potential clients. So, as of May 2016, VPCC is the proud owner of a blog! You can check it out at <http://valleypastoral.org>. If you are interested in article, news, research, or need a break at work, then take a peek. We'll be updating it monthly with new and intriguing ideas.

Note to Pastors

We are requesting that Pastors in the area provide VPCC with an email address so that we may supply an electronic copy of our newsletter to them. Electronic copies are easily distributed to your congregations through your distribution list. Please send your email address to pastoral@ntelos.net.

IT IS OKAY TO SEEK HELP!

It is easy to schedule an appointment with us. Please contact Stephanie Sterling at (540) 932-9722 and give your name and number. Ms. Sterling or one of our Associates will return your call and discuss scheduling an appointment. You will be warmly welcomed with care, compassion and understanding. For general information please call (540) 943-8722 or (540) 886-5757.

Great News!

VPCC has been designated as a Category 1 Pastoral Care Specialist Training Center by the American Association of Pastoral Counselors. The training program has been designed for those who have theological training and who desire to provide care to individuals of various religious traditions. Training and supervision is provided by the Associates at VPCC. For information about the program or to schedule an interview please contact Emilie Thomas LMFT at (540) 932-1476.